

Uniformed Services University of the Health Sciences

Third-year Pediatric Clerkship

Clerkship Narrative Guidelines

These guidelines are provided to assist the USUHS Pediatric Clerkship Site Directors in writing the student narrative for the final clerkship evaluation. These guidelines will help ensure standardization of content and format in the clerkship narrative, regardless of clerkship site location. Since the specific comments made in the narrative are directly referenced in both the Chair's and Dean's letters for internship application, it is imperative to convey accurate and comprehensive information received directly from the evaluators, i.e., including quotes from individual preceptors would be optimal. Each narrative should contain, at a minimum, paragraphs below detailing the student's performance throughout the clinical rotation.

General Statement of Performance

- a. Overall statement of student's entire clerkship performance, including final grade and comparison to level of peers
- b. Position of the rotation in reference to the academic year
- c. Any significant illnesses, injuries, or crises affecting performance (only comment if detrimental factors present)

Professionalism Demonstrated

- a. Reliability/commitment/ethical conduct (attendance, participation, completion of required tasks, patient care as a priority)
- b. Military bearing and respect
- c. Interpersonal skills/communication skills/teamwork

Reporter Skills Demonstrated

- a. Data gathering (patient care history/physical examination, prioritization of data)
- b. Written documentation
 - i. inpatient H and P, outpatient SOAP notes, patient orders
 - ii. graded comprehensive H and P
- c. Oral presentations
 - i. clear, concise, complete clinical presentations appropriate to environment
 - ii. graded oral presentation
- d. Knowledge base (include national percentile and NBME letter grade)
 - i. clinical acumen demonstrated on each service
 - ii. NBME grade and national percentile, and CLIPP grade

Interpreter, Manager, and Educator Skills Demonstrated

- a. Data interpretation (synthesizes appropriate and reasonable differential diagnosis, lab/study interpretation)
- b. Manager (develops appropriate and reasonable diagnostic/therapeutic plans)
- c. Self-directed learner (seeks feedback and/or educational experiences beyond rounds and conference, demonstrates use of literature to answer patient-specific questions)

Summary Statement

- a. Reiterate overall performance, particularly noting performance relative to level of training and level of peers
- b. Summarize particular areas of strength and significant areas for improvement
- c. Potential as a clinical trainee, ultimate clinician, and military medical officer

Please Use These Criteria to Describe Current Level of Student Work:

Reporter

Satisfactory performance. Obtains and reports basic information completely, accurately, reliably; is beginning to interpret; professional qualities are solid. Distinctive personal qualities should be recognized in descriptive comments. “Consistently good in interpersonal skills; reliably obtains and communicates clinical findings.” Accurately gathers and clearly communicates clinical facts about patients. Must have mastered the basic skills to obtain a history and do a physical examination, and have the basic knowledge of what to look for in history and physical. Must be reliable day-to-day (on time, follow up on progress, etc.) and achieve consistency in bedside manners/interpersonal skills with patients. Must display a sense of responsibility.

Interpreter

Clearly more than typical work in most areas of evaluation. Proceeds consistently to interpreting data; good working fund of knowledge; an active participant in care. Consistent preparation for clinics. Promises of duty/expertise evident. “Able to prioritize and analyze patient problems.” At a basic level: Able to prioritize among problems identified with the patient and offer a differential diagnosis. Must be able to “interpret” follow-up tests and use the data properly to address the problem. Must show growth in level of knowledge, ability to choose clinical findings that support possible diagnoses, and the application of test results to specific patients. Emotionally, must have progressed from the role of a bystander to that of an active participant in patient care.

Manager/ Educator

Outstanding ratings in most major areas of evaluation. Fourth-year level of patient care, actively suggesting management options; excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships, and able to lead with patients/families/professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional.

Manager: “Consistently proposes reasonable options incorporating patient preferences.” Knowledge, and confidence must advance, and more judgment is required in proposing and selecting among patients’ options and in deciding upon the action to take. Must tailor the plan to the individual patient’s circumstances and preferences, requiring excellent interpersonal skills and the ability to educate the patient. Technical and manual skills are also necessary, but do not overshadow the necessity for proficiency in reporter or interpreter level skills.

Educator: “Consistent level of knowledge of current medical evidence; can critically apply knowledge to specific patients.” This stage is closely linked with the “manager” stage but requires the student to move a step beyond. Must be able to go beyond the required basics, read deeply, and educate others with new learning (including the faculty). Self-directed learning is a must, as well as a complete mastery of the basics. Must have the insight to define important questions to research in more depth and look for hard evidence to base clinical practice on as well as hold the skills to know if the evidence will stand up under scrutiny.

Pangaro, L. A New Vocabulary and Other Innovations for Improving Descriptive in-training Evaluations. *Academic Medicine* 1999;74(11):1203-1207.